DEMOGRAPHICS SCREEN
(Case Management View)

First Name:

Last Name:

Middle Name:

Alias:

DOB:

SSN #:

Medicaid #:

Street Address (currently residing):

City:

State:
[List box]

Zipcode:

County:
[List box]

Region #:
[List Box]

Home Phone #:

Email:

Gender:
[List box]
Male
Female

Ethnicity:
[List box]
Black
White
Alaskan Native
American Indian
Asian
Pacific Islander
Multi-race
Other   [Text box]

Hispanic Origin:
[List box]
Non Hispanic
Puerto Rican

Cuban
Other
Mexican